

Department of Neighborhood Development - Three Decker Plus Application (Please Print Information Clearly)

(a) APPLICANT

1)

First Name MI Last Name

SOCIAL SECURITY NUMBER

(b) CO-APPLICANT

2)

First Name MI Last Name

SOCIAL SECURITY NUMBER

ADDRESS:

CITY: STATE: ZIP:

WORK TELEPHONE NUMBER: HOME TELEPHONE NUMBER:

(c) LIST NAMES AND AGES OF ALL DEPENDENT CHILDREN WHO WILL LIVE IN THE HOUSEHOLD

Name	Age
3)	
4)	
5)	
6)	

(d) LIST NAMES, AGES, AND RELATIONSHIP OF ALL OTHERS WHO WILL LIVE IN THE HOUSEHOLD

Name	Age	Relationship
7)		
8)		
9)		

TOTAL HOUSEHOLD SIZE
(ADD LINES NUMBERED 1 THROUGH 9)

INCOME INFORMATION

a) APPLICANT'S TOTAL ANNUAL INCOME
(Including Child Support and Other Income)

b) CO-APPLICANT'S TOTAL ANNUAL INCOME

c) TOTAL ANNUAL INCOME OF ALL CHILDREN OVER 18 YEARS OLD

d) TOTAL ANNUAL INCOME OF ALL OTHERS LIVING IN HOUSEHOLD

TOTAL HOUSEHOLD INCOME
(ADD LINES a THROUGH d)

TOTAL SAVINGS

Please complete the following section to assist us in fulfilling affirmative marketing requirements. Check as many of the following items which apply. (Your response is voluntary.)

- ☐ ASIAN ☐ CAPE VERDEAN
☐ BLACK ☐ NATIVE AMERICAN
☐ HISPANIC ☐ WHITE
☐ PACIFIC ISLANDER
☐ OTHER _____
☐ FEMALE HEAD OF HOUSEHOLD
☐ ELDERLY (APPLICANT OVER 62)

Do you or a member of your family require a handicapped accessible home? Yes ☐ No ☐
(Please attach documentation)

Do you participate in FSS? Yes ☐ No ☐
(Please attach documentation)

Have you taken a Homebuyer Education class? Yes ___ No ___

Are you a Boston Resident? Yes ___ No ___

Are You or a member of your immediate family an employee of the Dept. of Neighborhood Development?
Yes ___ No ___

I/We hereby certify the information provided is accurate and correct to the best of my/our knowledge.
I/We hereby authorize the City of Boston to independently verify the information provided here and also to investigate my/our records of credit.
I/We hereby certify that I/we have read the "Terms and Conditions" and I/we agree to the Terms and Conditions of this program.

APPLICANT'S SIGNATURE: _____ DATE _____

CO-APPLICANT'S SIGNATURE: _____ DATE _____

Please see reverse side of application:

Eligibility requirements, terms and conditions and supporting documentation (to be submitted along with this application).

FOR DND
USE ONLY

PROGRAM MANAGER:

DATE

CITY OF BOSTON
THOMAS M. MENINO, MAYOR
DEPARTMENT OF NEIGHBORHOOD DEVELOPMENT
CHARLOTTE GOLAR RICHIE, CHIEF AND DIRECTOR



Three Decker Plus - Terms and Conditions

Eligibility

Eligible Buyer

- First time Homebuyer
- Graduate of Homebuyer 101 class.
- Boston Resident
- Income < 80% Area Median Income

1 Person	\$43,850
2 Persons	\$50,100
3 Persons	\$56,400
4 Persons	\$62,650
5 Persons	\$67,650
6 Persons	\$72,650
7 Persons	\$77,650
8 Persons	\$82,700

Eligible Properties

- Three unit residential property
- One unit available for owner occupancy
- One unit available for or rented to low-mod tenant (< 80% AMI).
- No rehab component.

Terms and Conditions

- Agree to covenant and rent schedule requiring one unit to be affordable for 20 years .
- Owner occupancy required.
- Home Inspection of Property Required.
- Complete a Homeowner 201 class.
- A certificate of full de-leading compliance is required (additional funding is available in the form of grants and deferred loans for properties that require de-leading).

Supporting Documentation

- Copies of last two years tax returns (for all members of household) including schedules and W-2 forms
- Copies of most recent months pay stubs for all members of household
- Copy of BHCI Homebuyer101 Graduation Certificate
- Copy of two utility bills dated within the past 60 days (*gas bill, electric bill, heating bill, phone bill, cable bill*))

To be submitted with application to:

Three Decker Plus Program, Department of Neighborhood Development, 26 Court Street 8th fl., Boston, MA 02108